24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Make DC Listen		C C00570739
		O minus
Check if 24-hour report X 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y		
Full Name of Payee Make DC Listen	С	Date of Public Distribution/Dissemination
Make DC Listen		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 824 S Milledge Ave Ste 101		Amount
City State Zip Co	ode	196.90
Athens GA 30605	5 T	Transaction ID: E4940E814168943F9A5C Date of Disbursement or Obligation
Purpose of Expenditure Donation Processing Cate	gory/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office S	Sought: House District: 00
Ted Cruz	Oppose X Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought 52145.		ement For:
Full Name of Payee Make DC Listen	Г	Date of Public Distribution/Dissemination
Make DC Listen		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 824 S Milledge Ave Ste 101		Amount
City State Zip Co	ode	179.25
Athens GA 3060s		ransaction ID : ED268D8D01F4240C0996 Date of Disbursement or Obligation
Purpose of Expenditure Donation Processing Cate	gory/ Type	06 / 20 / 2015
	Support Office S	Sought: House District:00
Ted Cruz	Oppose P	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 52:	Disburse 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	376.15
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Paul Kilgore [Electronically F	iled] Date 06	30 2015
Signature		